

GME CLERKSHIPS

Request Information



First Name:	Last Name:	Middle Initial:	Full SSN:
Preferred Email Address:		Mailing Address:	
Phone Number:		Cell Phone Number:	
Rank:		Branch of Service:	
Are you requesting to come here as an... :			
HPSP Active Duty		HPSP Non-Active Duty	HSCP
Name & address of medical/dental school currently attending:			
Your school's rotation coordinator and legal dept. POC (if non-AT or HSCP): <i>(Include name, phone and email address)</i>		Board Scores <i>(Type N/A if not available yet)</i>	
		USMLE1:	USMLE2:
		COMLEX1:	COMLEX2:
Projected graduation date:		Year student will be at the time of the clerkship:	
Have you completed ODS by the time of rotation? Yes or No. <i>If Yes, what year?</i>			
YES		NO	
Date of clerkship: <i>(Indicate a start & end date and include alternate dates)</i>		Name of clerkship (i.e., IM Wards, Gen Sg, Anes): <i>(In order of preference)</i>	
June through October timeframe rotations are reserved for those interviewing for an internship spot.			
Interested in interviewing?		If Yes, for which internship program?	
Emergency POC:	Phone:	Relationship:	
Additional Comments:			

EMAIL FORM TO usn.san-diego.navmedcensanca.list.nmcscd-gmestudentclerkship@mail.mil

FAX TO 619-532-5507

OR SEND SECURELY VIA <https://safe.amrdec.army.mil/SAFE/>

Naval Medical Center San Diego, Graduate Medical Education, 34800 Bob Wilson Drive, Suite 300, San Diego, CA 92134-3300

Phone: (619) 532-9405 | Fax: (619) 532-5507 | Web: <http://www.med.navy.mil/sites/nmcscd/Staff/GME.aspx>

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